

DATE: June 10, 1965

FROM: Ludwig Fink, M. D., Assistant Director

TO: Ross E. Herold, M. D., Director

The following is my report about the meeting between Dr. W. C. Johnston, Director of Matteawan State Hospital and myself at Matteawan State Hospital on June 8th and June 9, 1965 regarding long-range plans for Dannemora State Hospital.

As 384 cases will (hopefully) not be kept any more at Dannemora State Hospital it will become possible and necessary to intensify treatment. The following goals seem indicated - in line with contemporary trends in psychiatry and correctional philosophy - in planning for the future of Dannemora State Hospital.

1. Steps to institute an intensive treatment unit at Dannemora State Hospital should be initiated immediately. Application for a hospital improvement grant to the NIMH for establishing such a unit at Dannemora State Hospital are almost complete. Such a unit would be the first important step in the changeover of Dannemora State Hospital from a custodial institution to a modern psychiatric treatment center and should be established anyway with or without a federal grant.

2. An increase in the number of psychiatric nurses. Every mental patient should be under the care of psychiatric nurses in addition to the correctional hospital officers which are necessary for security reasons. The shortage of psychiatric male nurses could be improved by establishing our own school of nursing. With the outlined upgrading of Dannemora State Hospital this should not be difficult to include in the program for the future.

3. A broadening of admission policy should be considered to include special groups of offenders. A change in the laws could permit the Courts, *e.i.*, to send sex offenders, juvenile delinquents, drug addicts, alcoholics, psychopaths directly to Dannemora State Hospital. A research unit in any of these special problem groups, which are only given as examples, could be established, possibly with the help of government or private foundations. I have in mind a Unit within Dannemora State Hospital comparable to the special correctional psychiatric facilities in operation in Maryland, California and Quebec.

4. In line with present thinking, a general re-valuation of psychiatric policy and services in the institutions of the Department of Correction seems indicated. With the proposed development of both Matteawan State Hospital and Dannemora State Hospital as modern psychiatric, correctional treatment centers it seems a logical step to have these two hospitals take over the highly specialized psychiatric services in the prisons and other correctional institutions, at present provided by the Department of Mental Hygiene. Under the supervision of the directors of the two mental hospitals (Matteawan and Dannemora) or of a psychiatric unit to be established in the central office of the

Commissioner of Correction, these services will be much more efficient than at present, rendered - as they are - on a part-time basis, by psychiatrists of the civil mental hospitals. The staffs of Dannemora State Hospital or Pattenman State Hospital would be much more qualified than the Department of Mental Hygiene doctors, once the above programs are progressing as outlined. Moreover, such change in psychiatric services from Department of Mental Hygiene to Correction would guarantee a very desirable unification of treatment: a prisoner who becomes mentally ill, would be treated, *e.g.*, in Clinton Prison Hospital by a psychiatrist of Dannemora State Hospital, who would decide if and when the patient is transferred to Dannemora State Hospital. Vice-versa, patients of Dannemora State Hospital could be transferred back to Clinton Prison and treatment be continued there by the same doctor. In other words, Dannemora State Hospital would ^{be} ~~be~~ ^{be} to speak, a psychiatric out-patient or after-care clinic and a psychiatric unit in the prison hospital similar to ^{as} out-patient clinics in the communities and psychiatric units in general hospital are run. Such a program may even lead to an abolishment or at least relaxation of 383 procedures.

5. With all the above, including a liberal use of professional consultants from universities and, in particular, psychiatric teaching centers, a tremendous increase in interest in correctional psychiatry on the part of the young generation and great benefits for prisoners, the mentally ill and maladjusted, and the general population can be anticipated.

The above report together with the 5-page outline submitted to you and Dr. Johnston on June 3, 1965 will form the basis for Dr. Johnston's recommendation to the Department of Budget.

Respectfully submitted,

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Ludwig Fink, M. D.
Assistant Director